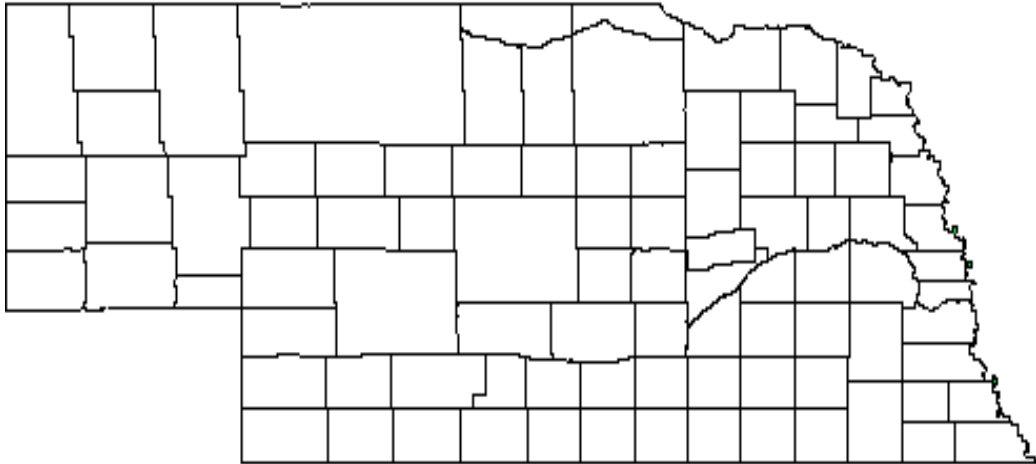


Nebraska HIV/AIDS Housing Plan

Executive Summary



Prepared for:

Nebraska Department of Health and Human Services

Prepared by:

AIDS Housing of Washington

October 2003

Prepared for and funded in part by:

Nebraska Department of Health and Human Services
HIV Prevention and Ryan White Programs
P.O. Box 95044
Lincoln, Nebraska 68509
(402) 471-9098

Prepared by:

AIDS Housing of Washington
2014 East Madison, Suite 200
Seattle, Washington 98122
(206) 322-9444
www.aidshousing.org
info@aidshousing.org



The research, development, and publication of this plan was funded in part by the Housing Opportunities for Persons with AIDS (HOPWA) National Technical Assistance Program in partnership with the U.S. Department of Housing and Urban Development's Office of HIV/AIDS Housing. The substance and findings of the work are dedicated to the public. The author and publisher are solely responsible for the accuracy of the statements and interpretations contained in this publication. Such interpretations do not necessarily reflect the views of the Government.

Executive Summary

“More than anything, I could handle this disease and manage my life better if I knew I had a place to call home.”

Person living with HIV/AIDS in Nebraska

Nebraska HIV/AIDS Housing Plan

The *Nebraska HIV/AIDS Housing Plan* is the culmination of a nine-month planning process that brought together a wide range of community stakeholders to consider and plan for the housing needs of Nebraskans living with HIV/AIDS and their families. Housing and services providers, people living with HIV/AIDS, and others statewide participated in the needs assessment process and provided input and feedback on the *Nebraska HIV/AIDS Housing Plan*.

Given the dynamic nature of HIV disease and other factors that affect HIV/AIDS housing planning, it is essential to regularly reassess the needs of people living with HIV/AIDS and the most appropriate strategies to meet those needs. It is intended that this plan be built upon, revised, and expanded as current objectives are met and new gaps and needs emerge.

Community Participation in the Needs Assessment Process

The Nebraska Department of Health and Human Services convened the needs assessment and planning process and invited a broad range of community stakeholders to participate. A **Steering Committee** was formed in February 2003 to oversee and guide the needs assessment and planning process. The committee was comprised of people living with HIV/AIDS and representatives from community-based organizations that provide housing and services to people with low incomes and/or special needs.

In addition to participating in Steering Committee meetings, **people living with HIV/AIDS** participated in the needs assessment process through a housing survey and consumer focus groups. In 2002, a total of 215 people living with HIV/AIDS completed a **housing survey** that posed questions about individuals' housing histories, needs, and preferences. People living with HIV/AIDS from around the state participated in **focus groups**, which allowed participants to discuss their housing situations, needs, and preferences in more detail than the survey had allowed.

Interviews were held with **key stakeholders** from throughout the state, including case managers, housing and service providers, housing developers, government representatives, clinical social workers, medical providers, and other concerned community members, including members of the Steering Committee. These stakeholders were identified as those most knowledgeable as well as able to provide leadership in the future on related issues.

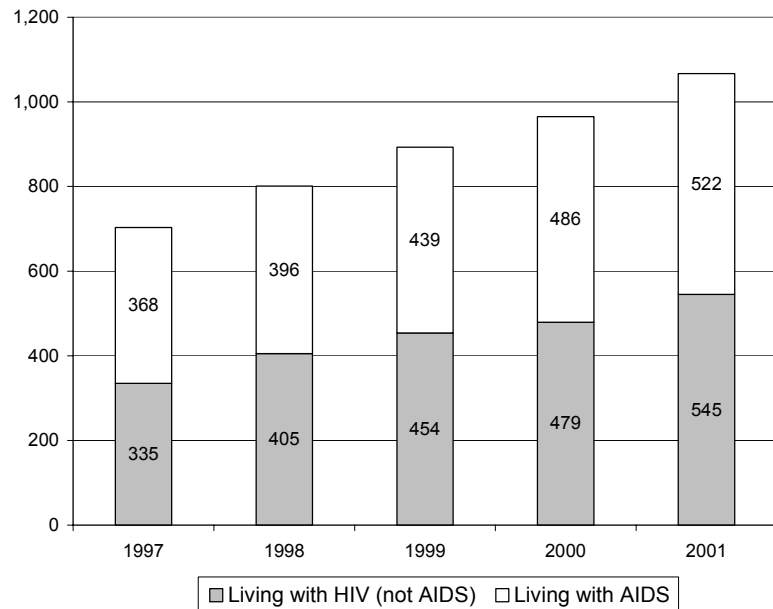
The Context of HIV/AIDS Housing in Nebraska

Because medical advances are helping people with HIV/AIDS live longer lives, **there are now more people living with HIV/AIDS**—who are potentially in need of related assistance—than ever before.

At the end of 2002, a total of 1,112 Nebraskans were living with HIV/AIDS, including 557 people living with AIDS and another 555 people living with HIV who had not been diagnosed with AIDS.

People of color are disproportionately impacted by HIV/AIDS in Nebraska, particularly African Americans. Compared to just 6 percent of the state's population, almost one-quarter (24 percent) of those living with HIV/AIDS are African Americans.

Increasingly, younger people are affected by HIV/AIDS. While less than one-quarter of those living with AIDS are under 30 years old, 40 percent of those living with HIV are in this age group.



People living with HIV/AIDS in Nebraska experience many of the same challenges as other Nebraskans, especially those with low incomes—difficulties finding affordable, good-quality housing, overcoming geographic barriers to access medical care, services, and employment, and limited employment opportunities in many areas.

Many people have difficulty paying housing costs. For example, in Omaha, a one-bedroom apartment at Fair Market Rent (FMR) is unaffordable to a full-time minimum wage worker. The gap between the FMR and what a person can afford to pay is \$224. Key stakeholders identified the lack of safe, affordable housing units, in both rural and urban areas, as the primary barrier to finding and maintaining stable housing.

More than a quarter of those who responded to the housing survey had incomes less than \$500 per month, which is below poverty level. Slightly more than one-third of respondents were “severely housing cost burdened,” paying more than half of their income for housing, while just 12 percent had regular assistance paying their

Monthly SSI payment	\$552
<i>equivalent to just 17% of the state median income</i>	
Percentage at which rent is affordable	X 30%
<i>according to HUD's standards</i>	
Available to pay for housing	= \$166

housing costs. In addition, 15 percent had faced eviction in the past year, and 39 percent had been homeless since testing positive for HIV.

Across Nebraska, many people living with HIV/AIDS continue to hide their health status in fear of the negative impact disclosure may have on their families, employment, health insurance, housing, and physical safety. This affects the willingness of people living with HIV/AIDS to reach out for support and assistance, especially people living in smaller communities, rural settings, and culturally based communities.

There are two major federal programs dedicated to serving the needs of people living with HIV/AIDS that can be used for housing. The Housing Opportunities for Persons with AIDS (HOPWA) program administered by the U.S. Department of Housing and Urban Development (HUD) is the primary source of funding dedicated to meeting the housing needs of people living with HIV/AIDS. Nebraska is not eligible to receive a formula allocation of HOPWA funds because less than 1,500 cumulative cases of AIDS have been reported statewide. However, in June 2003, the Nebraska Department of Health and Human Services partnered with the Nebraska AIDS Project and other community stakeholders to submit an application for HOPWA Competitive funds, which proposed a range of housing initiatives.

Nebraska receives funding dedicated to serving people living with HIV/AIDS from the U.S. Department of Health and Human Resources and Services Administration's (HRSA) Ryan White CARE Act. Although these funds allow for the provision of many valuable services, they alone cannot and should not be the sole source of support for people living with HIV/AIDS.

The **Nebraska AIDS Project (NAP)** is the only AIDS service organization in Nebraska. Founded in 1984, NAP provides a range of services to people living with HIV/AIDS in Nebraska, southwest Iowa, and eastern Wyoming, including case management, support groups, education and prevention, HIV counseling and testing, Nebraska AIDS Hotline, and programs for priority populations. Case management and other support services are available to people living with HIV/AIDS through five offices located in Kearney, Lincoln, Norfolk, Omaha, and Scottsbluff. The Watanabe Wellness Center is located in Omaha and provides clients access to a resource center for AIDS-related issues, mental health services, breakfasts, lunches, massage, and other complimentary therapies. In 2002, a total of 723 unduplicated clients were served through NAP programs.

Critical Issues in Housing People Living with HIV/AIDS

The Steering Committee reviewed findings from the needs assessment activities and identified the critical issues that most impact the provision of housing and services to people living with HIV/AIDS.

Stigma and Discrimination Seriously Impact Access to Housing

Throughout Nebraska, people living with HIV/AIDS and their families, service providers, and the general community are impacted by fear, stigma, and discrimination related to HIV and a lack of accurate knowledge about the disease. These issues can directly impact access to housing and feelings of housing stability. They were raised in every consumer focus group and most key stakeholder interviews. Many survey respondents and focus group participants feared losing their

housing if they disclosed their HIV status to their landlord or mortgage holder. People living with HIV/AIDS and service providers related incidents of violence and discrimination experienced by people simply because they were living with HIV/AIDS. Steering Committee members identified five specific issues that are related to this topic:

- People living with HIV/AIDS in Nebraska are impacted significantly by **HIV-related stigma**. The fear of being stigmatized affects individuals' willingness to access needed services.
- There is a lack of understanding on the part of some service providers of the need for and importance of **confidentiality** related to HIV and the impact that fear of disclosure has on the willingness of people living with HIV/AIDS to access services for which they may be eligible.
- **Fear of HIV/AIDS** on the part of service providers and community members impacts the ability of people living with the disease to access jobs, housing, and services.
- The **lack of community education** about HIV/AIDS impacts the acceptance of people living with the disease.
- Gay, lesbian, bisexual, and transgender Nebraskans experience stigma and discrimination based on their **sexual orientation**, regardless of their HIV status. As a result, Nebraskans living with HIV disease who are or are perceived to be gay, lesbian, bisexual, or transgender may experience heightened stigma and discrimination.

"Stigma is a thousand-pound gorilla that most of us carry around, even providers."

Key Stakeholder

Lack of Appropriate Affordable Housing Options

More than one-third of people who completed the housing survey were at risk of homelessness because of their housing cost burden. The lack of appropriate affordable housing is clearly a very significant issue in Nebraska and is the primary housing barrier for all people with low incomes, including those living with HIV/AIDS. People living with HIV/AIDS and key stakeholders who participated in the needs assessment identified challenges in locating housing that was of a decent quality, convenient, and affordable to consumers given their incomes. More than a quarter had accessed financial assistance in the past to prevent homelessness. Steering Committee members identified four specific issues that are related to this topic:

- There is a **lack of affordable, safe, decent, and appropriate housing** that limits access to the full continuum of housing options for people living with HIV/AIDS.
- There is **limited funding** available to support the creation and maintenance of needed programs.
- Housing providers and HIV/AIDS service providers need to increase **collaboration**.
- People living with HIV/AIDS and service providers need **more information** about and awareness of available housing options.

Access to and Availability of All Necessary Support Services

Access to appropriate services supports housing stability. Housing alone will not ensure health, stability, and quality of life for people living with HIV/AIDS without access to a range of medical and support services. The affordability of available resources is also an important consideration. For example, an individual who is eligible for assistance through the Medicaid program may not be able

to afford the required co-pay for prescriptions. Steering Committee members identified six specific issues that are related to this topic:

- The housing and related service needs of people living with HIV/AIDS have **changed and expanded** as people are living longer with the disease.
- It is challenging to meet the needs of **an increasingly diverse population** of people living with HIV/AIDS. Specific barriers to accessing services included: language, cultural differences based on race and ethnicity, and the lack of cultural diversity among providers of HIV-related services.
- Not all clients understand **the role of case managers** and that through accessing case management support their needs are more likely to be anticipated and met to avoid crisis.
- **Linkages** between housing and all necessary support services are lacking for many people living with HIV/AIDS, including both those in need of housing and those who are housed.
- There is a **lack of transportation options** for people in both urban and rural areas of the state.
- A lack of **medical, dental, and case management services** to adequately address the global needs of persons living with HIV/AIDS was identified.

Financial Issues for People Living with HIV/AIDS

Many people living with HIV/AIDS survive on very limited incomes and struggle to meet their daily financial obligations. More than a quarter of survey respondents reported incomes well below the poverty level. Steering Committee members identified three specific issues that are related to this topic:

“You can sleep in your car, but
you can’t drive your house.”

*Person living with HIV/AIDS
in Nebraska*

- Due to the physical challenges faced by people living with HIV/AIDS and the inability of many to maintain employment, **poverty** is a significant barrier to obtaining and maintaining adequate housing and accessing needed services and information.
- Some people living with HIV/AIDS have high medical expenses, which impacts their financial situation and credit rating and subsequently **limits their access** to certain housing options.
- People living with HIV/AIDS and service providers need **more information about and awareness of** training and employment opportunities available to disabled persons.

Recommendations and Strategies Developed to Meet Need

Initially, responsibility to implement the plan’s recommendations will rest with the Nebraska Department of Health and Human Services and the Nebraska AIDS Project, as the two agencies that historically have taken the lead on HIV/AIDS housing issues in Nebraska. The goal is that leadership will continue to emerge from a broader group of community stakeholders in order to make the best use of existing expertise and resources. The implementation of each recommendation will require the collaboration of a range of stakeholders and more detailed action planning. Ultimate leadership will hopefully come to rest in a collaboration of housing and support service experts and/or agencies.

Stigma and Discrimination Seriously Impact Access to Housing

The following strategies were developed to address the critical issues related to stigma and discrimination:

1. Educate community stakeholders about HIV disease and the impact of HIV/AIDS in Nebraska in order to increase awareness and acceptance of people living with HIV/AIDS and to dispel myths about HIV/AIDS and Nebraskans who live with the disease.
 - Community stakeholders to be targeted for education efforts include: the general public and community groups; policy makers and politicians; housing authorities, property managers, and landlords; support service providers, including health-care providers and employment/job training programs; and populations living with and at risk for the disease.
 - Strategies that will support education include the following:
 - Humanize people living with the disease through the sharing of personal stories and experiences. Clearly articulate the range of people affected by HIV (race, age, class, sexual orientation, etc.). Make information available through public service announcements, Web sites, public speaking, etc.
 - Build on existing relationships to increase awareness and support. For example, engage a knowledgeable and benevolent landlord, service provider, pastor, or other community member in community education efforts.
 - Support state and local leaders who include people living with HIV/AIDS, as appropriate, in their public comments, and work to increase public support for such inclusion.
 - Continue and enhance existing HIV prevention efforts. Continue to engage faith-based organizations in these efforts.
2. Increase housing stability and access to housing resources for people living with HIV/AIDS by educating them about fair housing laws and the standard operating procedures of housing authorities as they relate to confidentiality and the disclosure of disability status. Explore and develop strategies to ensure people living with HIV/AIDS have the information they need about their housing rights in order to avoid experiences of discrimination in housing.

Lack of Appropriate Affordable Housing Options

In order to address the critical issues related to the lack of affordable housing, the following strategies were developed:

1. Increase affordable housing units accessible to people living with HIV/AIDS. Strategies that will support increased access include the following:
 - Develop and enhance partnerships between HIV/AIDS service providers and affordable and special needs housing providers.
 - Ensure the needs of people living with HIV/AIDS are represented in housing and service planning processes, including local Continuum of Care planning for homeless services and Consolidated Plan processes.

- Apply for all additional federal, state, local, and private resources that will support the implementation of affordable housing strategies identified in the plan or subsequently developed to address emerging need.
 - Advocate to governmental entities at the federal, state, and local levels for political support and funding for affordable housing development.
2. Increase opportunities for emergency housing solutions generally, and improve access to assistance for persons living with HIV/AIDS. Strategies that will support improved access include the following:
 - Increase linkages between AIDS service providers and emergency assistance programs.
 - Educate people living with HIV/AIDS about existing programs.
 - Develop additional target resources, if needed.
 3. Increase housing stability and access to housing resources for people living with HIV/AIDS through education. Support success in housing by providing education and training about:
 - Available housing options and opportunities and how to access them
 - Tenant rights and responsibilities and fair housing laws
 - Housing search strategies
 - Life-skills development
 - Money management, budgeting, and credit repair
 - Housing readiness
 - Relapse-prevention strategies
 4. Develop a comprehensive listing of HIV/AIDS services available in Nebraska, including eligibility criteria and contact information. Increase awareness of programs and guidelines by widely distributing this listing to housing and service providers throughout the state. Make the material available in forms and locations such that people could access relevant information without disclosing their HIV status.

Access to and Availability of All Necessary Support Services

The following strategies were developed to address the critical issues related to access to and the availability of all necessary support services:

1. Educate people living with HIV/AIDS about the services available both through the HIV/AIDS service system and the other service systems in the state.
2. Advocate for additional case management services for people living with HIV/AIDS in order to increase the support available to each client through this system.
3. Explore opportunities to develop a comprehensive peer-to-peer mentoring program to assist people living with HIV/AIDS to access housing and services and to provide peer support to those living with the disease.

4. Increase resources available to people living with HIV/AIDS who have mental health and/or substance use issues by maintaining and enhancing linkages between AIDS service providers and mental health and substance use treatment providers.
5. Increase access to appropriate services for people who are monolingual (in a language other than English) by ensuring the availability of translated materials and access to translators. Increase volunteerism among people who are bilingual. Maintain and enhance linkages between AIDS service providers and agencies currently serving monolingual populations.
6. Develop additional transportation options in order to increase access to medical and support services for people living with HIV/AIDS.
7. Increase the availability of support services to people living in rural areas of the state.

Financial Issues for People Living with HIV/AIDS

The following strategy was developed to address the critical issues related to financial issues for people living with HIV/AIDS:

1. Enhance economic opportunities for persons living with HIV/AIDS to support housing stability. Develop and enhance linkages between AIDS service providers and employment and job training programs in Nebraska, including Vocational Rehabilitation, Workforce Development, and the Ticket-to-Work program.

Ongoing and Future Plan Implementation

The Nebraska HIV/AIDS housing needs assessment and planning process increased connections among people across the state and provided a deeper understanding of the housing needs of people living with HIV/AIDS. The *Nebraska HIV/AIDS Housing Plan* includes implementation principles and preliminary action steps that represent but one of the next steps in this ongoing process. The implementation of effective initiatives and programs relies on increased community knowledge, successful partnerships, and continued assessment and planning. The stakeholders involved in this process have an ongoing commitment to addressing all the identified needs through further action planning, increased collaboration and partnerships, and securing new sources of funding to support programs.

The research, development, and publication of this plan was funded in part by the Housing Opportunities for Persons with AIDS (HOPWA) National Technical Assistance Program in partnership with the U.S. Department of Housing and Urban Development's Office of HIV/AIDS Housing.

Steering Committee Meeting Attendees

The following individuals participated in one or more meetings of the Nebraska HIV/AIDS housing needs assessment Steering Committee. They are listed by name and agency affiliation. Their leadership and dedication were invaluable.

Becky Aboushady

Nebraska AIDS Project

Diane K. Adams

Lexington Housing Authority

Kim Anderson

South Central Behavioral Services

Nancy J. Bentley

Scotts Bluff County Housing Authority

Amanda Buscher

Nebraska AIDS Project

Jean Chicoine

*Nebraska Department of Health and Human Services
Nebraska Homeless Assistance Program*

Theresa Christensen

Salvation Army

Leslie Clark

Community Member

Heather Cline-Ford

Central Nebraska Community Services

Daniel Cobos

*University of Nebraska Medical Center
Ryan White Title III/ADAP*

Pat Compton

Nebraska Department of Economic Development

Joseph Conrad

Nebraska AIDS Project

Becky Diercks

Community Action Partnership of Mid-Nebraska

Demond Flowers

Family Housing Advisory Services

Steve French

Nebraska AIDS Project Volunteer

Steve Gable

*Nebraska AIDS Project Volunteer,
NRRC, PWA, NAPWA*

Dana Grisham

Community Alliance, Omaha

Barbara Hansen

Nebraska AIDS Project

Gary Henderson

Community Member

Dennis Hoffman

Centerpointe, Lincoln

Judy Hughes-Anderson

Nebraska Department of Health and Human Services

Sandra Klocke

Nebraska Department of Health and Human Services

Connie Longie

Panhandle Mental Health Center

William R. Mann

Nebraska AIDS Project Volunteer

Tom Maxson

*Freedom House
South Central Behavioral Services*

Betty Medinger, LCSW

*Nebraska Department of Health and Human Services
Child Care, Community Service Block Grant, and
Nebraska Homeless Assistance Program*

Janet Oberhauser

CPG Northern Region

Amy Ondrak

NRRC

Karen Parde

*Nebraska Department of Health and Human Services
Community Service Block Grant*

Paulette Pool
Hastings Housing Authority

Erin Porterfield
Nebraska AIDS Project

Mike Saklar
Siena/Francis House, Omaha

Brad Schmeichel
*City of Lincoln Urban Development
Department/Community Planning*

Galen Sears
NRRC

Dean Settle
*Community Mental Health
Center of Lancaster County*

T.J. Seward
Nebraska AIDS Project

Ron Snell
Lincoln Connection, North Platte

Tim Sullivan
Nebraska AIDS Project

David Traster
People's City Mission

Cindy White
NRRC

Elaine Wiseman
Kearney Housing Agency

Russell Wren
*Nebraska Department of Health and Human Services
Ryan White Title II*

Nebraska Department of Health and Human Services

Ron Ross
*Director
Nebraska Department of Health
and Human Services*

Dan Cillessen
*Administrator
Office of Disease Prevention
and Health Promotion*

Sandra Klocke
*Administrator
HIV Prevention and
Ryan White Programs*

Judy Hughes-Anderson
*Financial/Data Systems Coordinator
HIV Prevention and Ryan White Programs*

Russ Wren
*Program Manager
Ryan White Title II Program*

AIDS Housing of Washington

Elizabeth Wall
Planning and Consultations Manager

Randall Russell
Consultant

Kate Kingery
Housing Planner

Amy Davidson
Housing Planner

Erin Ficker
Planning Team Coordinator

Tawni Stetson
Planning Assistant

Key Stakeholders

The following individuals participated in meetings and interviews as part of the Nebraska HIV/AIDS housing needs assessment process. They are listed by name and agency affiliation and the list is organized by city.

The contribution of the stakeholders listed below, along with that of people living with HIV/AIDS who participated in focus groups, is gratefully acknowledged.

Columbus

Howard Smith
Columbus Housing Authority

Fremont

Sue Kleider
Fremont Housing Authority

Suzanne Smith
The Crisis Center for Domestic Abuse/Sexual Assault

Captain Abe Tamayo
The Salvation Army

Gering

Barbara Blourock, Ph.D.
Community Member

Nancy J. Bentley
Scotts Bluff County Housing Authority

Janet Soule
*Panhandle Community Services
Community Health Center*

Grand Island

Nancy Casarez
*Behavioral Health Services
Goodwill Industries of Greater Nebraska Inc.*

Heather Cline-Ford
Central Nebraska Community Services

Tom Conlon
Goodwill Industries of Greater Nebraska Inc.

Jerenne Garrouette
City of Grand Island

Cindy Preisendorf
Community Human Resource Center

Rick Ruzicka
Hall County Housing Authority

Hastings

Linda Addison
Housing Development Corporation

Tom Schick
Catholic Social Services

Kearney

Sharon Fox
Residential Assistance to Families in Transition (RAFT)

Barbara Hansen
Nebraska AIDS Project

Tom Maxson
South Central Behavioral Services

Amy Stump
Nebraska AIDS Project

Lincoln

Bernice Afuh
Lincoln–Lancaster County Health Department

Randy Archuleta
Nebraska Investment Finance Authority

Olga Caicedo
NAF Multicultural Human Development Corporation

Jean Chicoine
*Nebraska Department of Health and Human Services
Nebraska Homeless Assistance Program*

Lincoln (continued)

Stella Dargeloh
Nebraska Department of Correctional Services

Mike Fallesen
Nebraska Housing Finance Authority

Mary Hepburn O'Shea
O.U.R. Homes

Judy Hughes-Anderson
Nebraska Department of Health and Human Services

Lara Huskey
*Nebraska Department of Economic Development
Community and Rural Development*

CJ Johnson
Region 5 Systems

Sandra Klocke
Nebraska Department of Health and Human Services

Cliff Kumm
USDA Rural Development

Betty Medinger, LCSW
*Nebraska Department of Health and Human Services
Child Care, Community Service Block Grant, and
Nebraska Homeless Assistance Program*

Claudia Menjwor
NAF Multicultural Human Development Corporation

Caroline Negretti
DayWatch

Larry Potratz
Lincoln Housing Authority

Ron Ross
Nebraska Department of Health and Human Services

Dean Settle
*Community Mental Health
Center of Lancaster County*

Peg Sneller-Hamilton
Cedars Youth Services

Jeri Weberg-Bryce
Nebraska AIDS Project

Russ Wren
*Nebraska Department of Health and Human Services
Ryan White Title II*

Loup City

Cheryl Holcomb
Central Nebraska Community Services

Norfolk

Connie Mazoula
*Temporary Housing Association (THAT)
St. Vincent De Paul*

Paul McIntosh
Liberty Center Services

Sheila Miller
Norfolk Housing Authority

Judy Wilson
The Link (Men's Halfway)

North Platte

Jennifer L. Fisher
*Lutheran Family Services of Nebraska, Inc.
Center for Healthy Families*

Debra Morgan
North Platte Housing Authority

Rachel Stahr
NAF Multicultural Human Development Corporation

Nancy Striebel
Lincoln City Community Development Corporation

Omaha

Greg Burfitt
U.S. Department of Housing and Urban Development

Amanda Buscher
Nebraska AIDS Project

Jacqueline Cook
Charles Drew Health Center

Margie Dumas
*American Red Cross
Consumer Advocate Heartland Chapter*

Omaha (continued)

Elida R. Enright
Nebraska AIDS Project
Chicano Awareness Center

Demond Flowers
Family Housing Advisory Services

Patrick Ford
Nebraska Legal Services

Kristy Gill
Nebraska AIDS Project

Alex Gray
GOCA

Dana Grisham
Community Alliance, Omaha

Rosey Higgs
Nebraska AIDS Project

Juanita L. James
Omaha Housing Authority

Lucie Long
Nebraska AIDS Project

Michelle Oestmann
Nebraska AIDS Project

Ben Osborn
U.S. Department of Housing and Urban Development

Erin Porterfield
Nebraska AIDS Project

T.J. Seward
Nebraska AIDS Project

Tim Sullivan
Nebraska AIDS Project

Susan Swindells, M.B.B.S.
University of Nebraska Medical Center

Angela Tuininga
Nebraska AIDS Project

Scottsbluff

Marcia L. Estrada
Cirrus House

Barbara Jolliffe
Panhandle Substance Abuse Council

Kim Loomis
In Touch Counseling

J. Martin Vargas
Panhandle Community Services
Migrant Health Program

John McVay
Panhandle Mental Health Center

Jill Young
Nebraska AIDS Project

Wisner

Craig Malmberg
Goldenrod Hills Community Services

